Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4
December 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator: Bear Petroleum, Inc. API Number: 15 - 173-20342 -00-0 (Lease Name: Farber Address: P.O. Box 438, Haysville, KS 67060 Phone: (316) 524 - 1225 ____ Operator License #: 4419 Well Number: Spot Location (QQQQ): 52 (Oil, Gas D&A, SMD ENHR, Water Supply Well, Cathodic, Other) Feet from North / South Section Line The plugging proposal was approved on: 11-24-03 Feet from East / West Section Line by Butch Don Doborra __ Twp. 29 County: Sedgwick Is ACO-1 filed? Yes No Yes No If not, is well log attached? Producing Formation(s): List All (If needed attach another sheet) 1980 Date Well Completed:. Depth to Top: 3491 3 Sottom: 9194 Plugging Commenced: 3-23-04 Bottom: Plugging Completed: 4-13-04 Depth to Top: Bottom: T.D. Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface Conductor & Production) Formation Content From To Size Put In Pulled Out Surface Surface 163 8 5/8 163 0 Production Surface 3491 5 1/2 3491 2065 Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Sand back to 3440', dump bail 5 sax cement, shot pipe off at 2065' and pulled, ran tubing to 210', circulate cement to surface, pull tubing, and top well off with cement 60/40 poz 4% gel. RECEIVED APR 2 8 2004 Name of Plugging Contractor: BPC KCC WICHITA Address: P.O. Box 282, Burden, KS 67019 Name of Party Responsible for Plugging Fees: Bear Petroleum, Inc. Sedgwick State of Kansas R. A. Schremmer (Employee of Operator) or (Operator) on above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God. (Address) P.O. Box 438, Haysville, KS 67060 SHANNON HOWLAND SUBSCRIBED and SWORN TO before me this 27th day of April Notary Public - State of Kansas My Appt. Expires 3 10 08 My Commission Expires:

har



TREATMENT REPORT

Company Little Well Name & Location	Type & W	Type & Wtt.	Perf. Perf. Top at form	Type Treatment: Amt. Type Fluid Sand Size Pounds of S.
Per	forated from		ft. to	Plugging or Sealing Materials: Type. 85 3k 6/40 4/16
Open Hole Siz		T.D	ft. P.	.B. toft. Gals.
	D	_		Treater Den L.
Company 1	Representativ PRES	esures	Total Fluid	REMARKS
a.m /p.m.	Tubing	Casing	Pumped	b
				Roon to ho c
:				Short count
:		ļ		
 		<u> </u>		all sele
				to al well
:				more off.
:				
:				
:				
<u> </u>				
<u>.</u>				
•				
· · ·				
:				
:				REOL
:				LEIVED
:				RECEIVED APR 2 8 2004 KCC WICHITA
<u>:</u>				17. 20 2004
				KCC WICH
:				TONTA
-:				
•				
•				
:				
•				
:				
:				
<u>:</u>				
:				

Acid Stage No.



FIELD ORDER Nº 24271

BOX 438 • HAYSVILLE, KANSAS 67060

		310	6-524-12	25		4-1	1	20 <i>04</i>
		ρ		/	DATE		<u> </u>	20_07
IS AUTHORI	ZED BY:	Bear Pe	AME OF CUS	TOMER)				2
Address	Dox		ty_ <i></i>	3450	11/2		State 🔼	7-62060
To Treat Well As Follows:	Lease	Farber we	ell No	1-4-	2	Customer (Order No	
Sec. Twp. Range		Co	ountyS	Sedg.	wick		_ State	K
not to be held li implied, and no treatment is pay our invoicing de	able for any dar representations rable. There will partment in acco gned represents	consideration hereof it is agreed that Copelan nage that may accrue in connection with said have been relied on, as to what may be the r be no discount allowed subsequent to such d ordance with latest published price schedules himself to be duly authorized to sign this ord	l service or results or e date. 6% in s.	treatment. Co ffect of the serv terest will be cl	peland Acid vicing or trea harged after	Service has ting said wel	made no repre 1. The conside	esentation, expressed e eration of said service
	IS COMMENCED	Well Owner or Ope	erator		Ву		Agent	
CODE	QUANTITY	DI	ESCRIPT	ION			UNIT COST	AMOUNT
41100	3	Cenar purp	Tob	J.				400-
1/101	50	Pun truck mi	1009	E	1		200	100-
4000	250	60/40 QUZ	0	4200	/		5.85	1,462.50
40,50	9	sax of go	e/	<i>O</i>			9.50	85.50
H009	1	Puly trailer						150.00
								
							RE	CEIVED
							ADD	
			***				APR	- 200 ;
							KCC	WICHITA
,					- Marian - Carlo - Marian - Ma			
400	250	Bulk Charge					1.00	250-
1201	50	Bulk Truck Miles // +on					180	4/2C.50
		Process License Fee on		Ga	allons		700	70330
				Т	OTAL BII	LING		
manner u		material has been accepted and us ction, supervision and control of the						
Station					Well O	wner, Operato	r or Agent	
Remarks_) IF	T 00 P	AVC				
KEN'S #41801		NE	ET 30 D	AYS				